

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001128

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 200

STATE FILE NUMBER

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>MOUNTAIN GROVE</u>	
Length of stay in lb <u>1 day</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SPRINGFIELD BAPT.</u>		d. STREET ADDRESS (If outside, give location) <u>Route #3</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HOWARD</u> Middle <u>EDWARD</u> Last <u>DENNIS</u>		4. DATE OF DEATH Month <u>FEB.</u> Day <u>2</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1893</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island RR Dunlap, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>John R. Dennis</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Becraft</u>	
14. NAME OF HUSBAND OR WIFE <u>Lottie (Miller)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Walter Dennis Wichita, Ks.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a))		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
PART I. IMMEDIATE CAUSE (a) <u>cerebral hemorrhage</u>		DUE TO (b) <u>cerebral arteriosclerosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>31 Jan 62</u> to <u>death</u> and last saw her him alive on <u>2/5/62</u>		Death occurred at <u>2/5/62</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Leo T. New MD</u>		22b. ADDRESS <u>Springfield Mo</u>	
22c. DATE SIGNED <u>2/8/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Feb. 5, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Vanzant Cemetery Vanzant, Missouri</u>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <u>Lowell C. Craig Mtn Grove</u>	
25. DATE RECD. BY LOCAL REG. <u>2-13-62</u>		26. REGISTRAR'S SIGNATURE <u>Offie E. Meltan</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lowell E. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn. Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.